

MULTIPLE DEPEN. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FEE SCHEDULE PTO-875)

SERIAL NO.

FILING DATE

10/15/25/27/3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37	1						
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.			↓		↓		↓
TOTAL DEP.	↔	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	37						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52	1						
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72		1					
73		1					
74							
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	4		↓		↓		↓
TOTAL DEP.	33	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	37						